

## Application Data Sheet

### Application Information

**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** UTILITY CONNECTION STATION  
**Attorney Docket Number::** 048675-0111  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 1  
**Total Drawing Sheets::** 8  
**Small Entity?::** No  
**Petition included?::** No  
**Secrecy Order in Parent Application::** No

### Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Kristine E.  
**Family Name::** Lichtscheidl  
**City of Residence::** St. Francis

**State or Province of Residence::** Minnesota

**Country of Residence::** US

**Street of mailing address::** 23843 Germanium Street NW

**City of mailing address::** St. Francis

**State or Province of mailing address::** MN

**Postal or Zip Code of mailing address::** 55070

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Mark A.

**Family Name::** Schaffner

**City of Residence::** Maple Grove

**State or Province of Residence::** Minnesota

**Country of Residence::** US

**Street of mailing address::** 7215 Weston Lane N

**City of mailing address::** Maple Grove

**State or Province of mailing address::** MN

**Postal or Zip Code of mailing address::** 55311

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Thomas E.

**Family Name::** Kramer  
**City of Residence::** Coon Rapids  
**State or Province of Residence::** Minnesota  
**Country of Residence::** US  
**Street of mailing address::** 13228 Bittersweet Street NW  
**City of mailing address::** Coon Rapids  
**State or Province of mailing address::** MN  
**Postal or Zip Code of mailing address::** 55448

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Fusu  
**Family Name::** Thao  
**City of Residence::** St. Paul  
**State or Province of Residence::** Minnesota  
**Country of Residence::** US  
**Street of mailing address::** 1046 Farrington Street  
**City of mailing address::** St. Paul  
**State or Province of mailing address::** MN  
**Postal or Zip Code of mailing address::** 55117

### **Correspondence Information**

**Correspondence Customer Number::** 26371

**E-Mail address::** PTOMailMilwaukee@Foley.com

### **Representative Information**

<b>Representative Customer Number::</b>	26371	
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### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

### **Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee name::** Fiskars Brands, Inc.